

MULTIPLE DEPENDENT CLAIM: FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/046638	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2		1		1			52			
3				1			53			
4					1		54			
5						1	55			
6						1	56			
7						1	57			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

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